

## FORM 5. INVOLUNTARY PETITION

<b>United States Bankruptcy Court</b> <b>Eastern District of Pennsylvania</b>		<b>INVOLUNTARY PETITION</b>
IN RE (Name of Debtor - If Individual: Last, First, Middle)  <b>TenX Biopharma, Inc.</b>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-ID No./Complete EIN (If more than one, state all.)		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  <b>Two Penn Center</b> <b>1500 JFK Blvd., Suite 1301</b> <b>Philadelphia, PA 19102</b>		MAILING ADDRESS OF DEBTOR (If different from street address)
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS  <b>Philadelphia</b>		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11		
<b>INFORMATION REGARDING DEBTOR</b> (Check applicable boxes)		
Nature of Debts (Check one box)  Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization)  <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____	Nature of Business (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
<b>VENUE</b>		<b>FILING FEE</b> (Check one box)
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.</i>
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR</b> (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
<b>ALLEGATIONS</b> (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or 3.b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		

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Name of Debtor TenX Biopharma, Inc.  
Case No. \_\_\_\_\_**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X

Signature of Petitioner or Representative (State title)

Jim MeyerOctober 15, 2010

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

Signature of Petitioner or Representative (State title)

Brian FilippiniOctober 15, 2010

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

Signature of Petitioner or Representative (State title)

Concord Management Group Int'lOctober 15, 2010

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

Signature of Attorney

October 15, 2010

Date

Ciardi Ciardi & Astin

Name of Attorney Firm (If any)  
One Commerce Square  
2005 Market Street  
Ste. 1930  
Philadelphia, PA 19103

Address

Telephone No. 215.557.3550

X

Signature of Attorney

October 15, 2010

Date

Ciardi Ciardi & Astin

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One Commerce Square  
2005 Market Street  
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Telephone No. 215.557.3550**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Jim Meyer</u>		<u>25,747.00</u>
<u>Brian Filippini</u> <u>109 N. Orlanna #300</u> <u>Philadelphia, PA 19106</u>		<u>16,000.00</u>
<u>Concord Management Group Int'l</u> <u>600 W. Germantown Pike #400</u> <u>Plymouth Meeting, PA 19462</u>		<u>41,500.00</u>
<b>Note:</b> If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		<b>Total Amount of Petitioners' Claims</b> <b>107,524.21</b>

1 of 1 continuation sheets attached

B5 (Official Form 5) (12/07) - Page 2

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Signature of Petitioner or Representative (State title)

John Holyoake

October 15, 2010

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

Signature of Petitioner or Representative (State title)

Maurice Briggs

October 15, 2010

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

Signature of Petitioner or Representative (State title)

Shayne A. Ballard

October 15, 2010

Name of Petitioner

Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X

October 15, 2010

Signature of Attorney

Date

**Ciardi Ciardi & Astin**

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Philadelphia, PA 19103**

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Telephone No. **215.557.3550**

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
<b>John Holyoake Chrch Lane Attenborough, Nottinghamshire NG9 6AS UK</b>		<b>1,269.10</b>
<b>Maurice Briggs 449 Belle Avenue Harleysville, PA 19438</b>		<b>19,608.11</b>
<b>Shayne A. Ballard PO Box 3924 Charleston, WV 25339</b>		<b>3,400.00</b>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <b>107,524.21</b>

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Name of Petitioner

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<u>Maurice Briggs</u> <u>449 Belle Avenue</u> <u>Harleysville, PA 19438</u>		<u>19,608.11</u>
<u>Shayne A. Ballard</u> <u>PO Box 3924</u> <u>Charleston, WV 25339</u>	<u>ACCOUNTING SERVICES</u>	<u>3,400.00</u>
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